

CLAIMS ONLY

Application Number

"Filing" Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 1/6/04				AFTER FIRST AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/		/		/	
2				/		/
3				/		/
4				/		/
5				/		/
6				/		/
7	/		/	/	X	X
8			/	/	/	/
9				/		/
10				/		/
11				/		/
12				/	X	X
13	/		/	/	/	/
14				/		/
15				/		/
16				/		/
17				/		/
18				/		/
19				/		/
20				/		/
21				/		/
22	/		/	/	X	X
23				/		/
24				/		/
25				/		/
26				/		/
27				/		/
28				/		/
29				/		/
30				/		/
31				/		/
32				/		/
33				/		/
34				/		/
35				/		/
36				/		/
37				/		/
38				/		/
39				/		/
40				/		/
41				/		/
42				/		/
43				/		/
44				/		/
45				/		/
46				/		/
47				/		/
48				/		/
49				/		/
50				/		/
Total indep.	4		2		2	
Total depend.	18		10		8	
Total claims	22		12		10	

May be used for additional claims or amendments					
*	* Indep	* Depend	* Indep	* Depend	* Total Claims
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
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89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
Total indep.					
Total depend.					
Total claims					